Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA FOR RATE FEE RATE FEE BASIC FFF (37 CFR 1.16(a)) TOTAL CLAIMS (37 CFR 1.16(c)) OR INDEPENDENT CLAIMS minus 3 =(37 CFR 1.16(b)) X \$ OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = + \$ = \*If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST ⋖ PRESENT REMAINING ADDI-NUMBER RATE ADDI-RATE **IENT** PREVIOUSLY ΕX TIONAL TIONAL AFTER AMENDMENT PAID FOR FEE FEE Total Minus ENDMI (37 CFR 1.16(c)) OR X \$ Independent (37 CFR 1.16(b)) Minus  $(\mathcal{O}$ X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  $\mathbf{\omega}$ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT **EXTRA** TIONAL TIONAL **PREVIOUSLY AFTER** AMENDMENT PAID FOR FEE FEE Minus Total ENDM (37 CFR 1.16(c)) OR Minus Independent (37 CFR 1.16(b)) OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-TIONAL AFTER AMENDMENT **FXTRA PREVIOUSLY** TIONAL ENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR Minus Independent (37 CFR 1.16(b)) X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL

TOTAL ADD'L FEE

OR

ADD'L FEE

including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

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